

Making Sure Kids are Healthy Enough to Learn: Innovations in Education Law and Policy

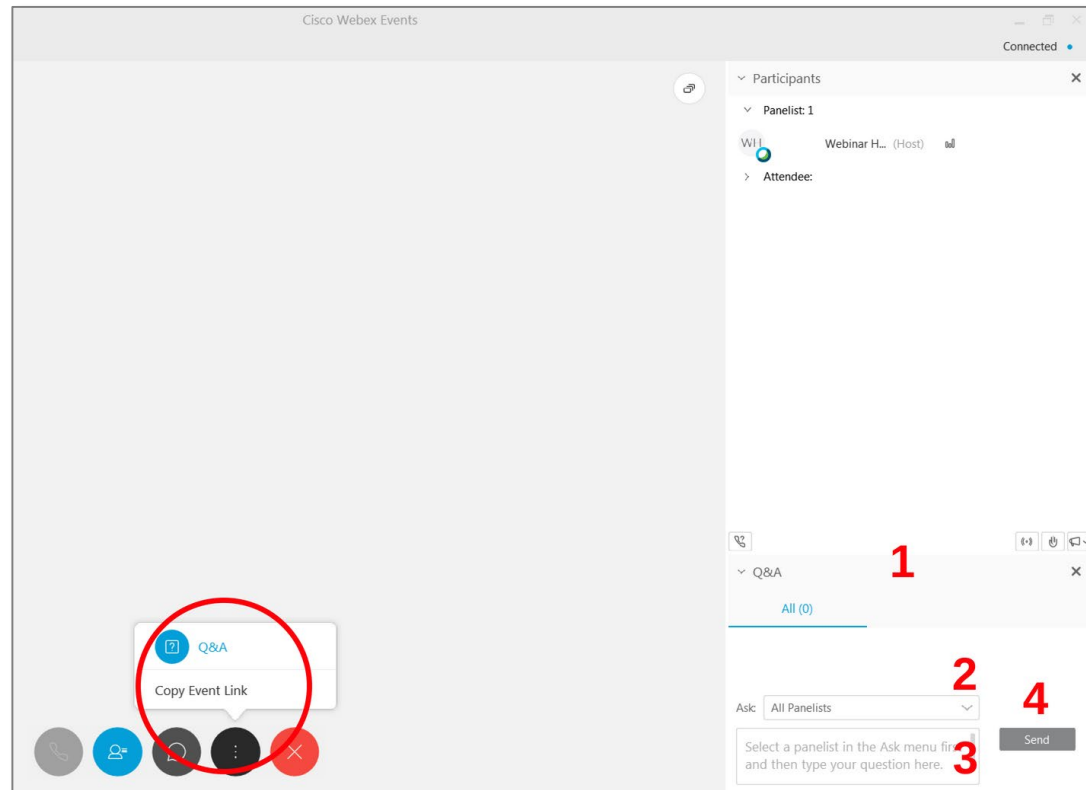
September 26, 2019 2:30 p.m. EST

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- Research interests/areas of expertise:
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 - Injury Prevention
 - Child and Adolescent Health Policy

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 - Health data
 - Health equity

Presenter



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 - Education Policy
 - Health Equity
 - Race and Gender

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 - Injury Prevention
 - Medical Cannabis Regulation
 - Environmental Health
 - Telehealth/Broadband Access
 - Health Equity



*National
Association of
School Nurses*

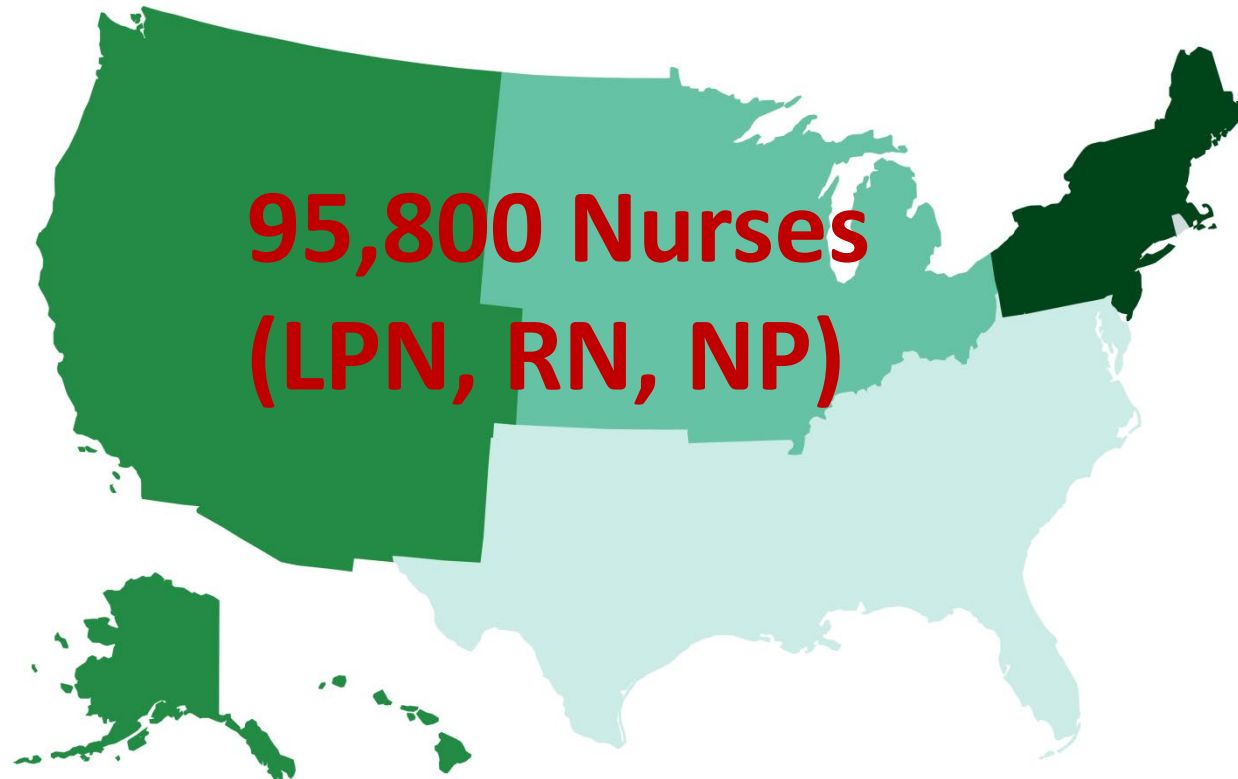
School Nurses: Addressing Social Determinants

Erin D. Maughan PhD, RN, PHNA-BC, FNASN, FAAN
Director of Research

Outline

- School Nurse Workload across the United States
- School nursing in the 21st Century
- Addressing student social needs and population level social determinants of health (particularly in underserved areas)

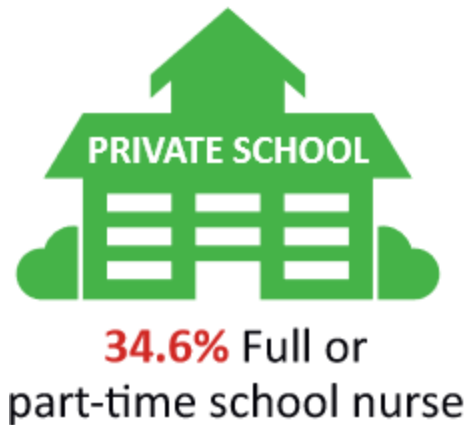
School Nursing in the U.S.



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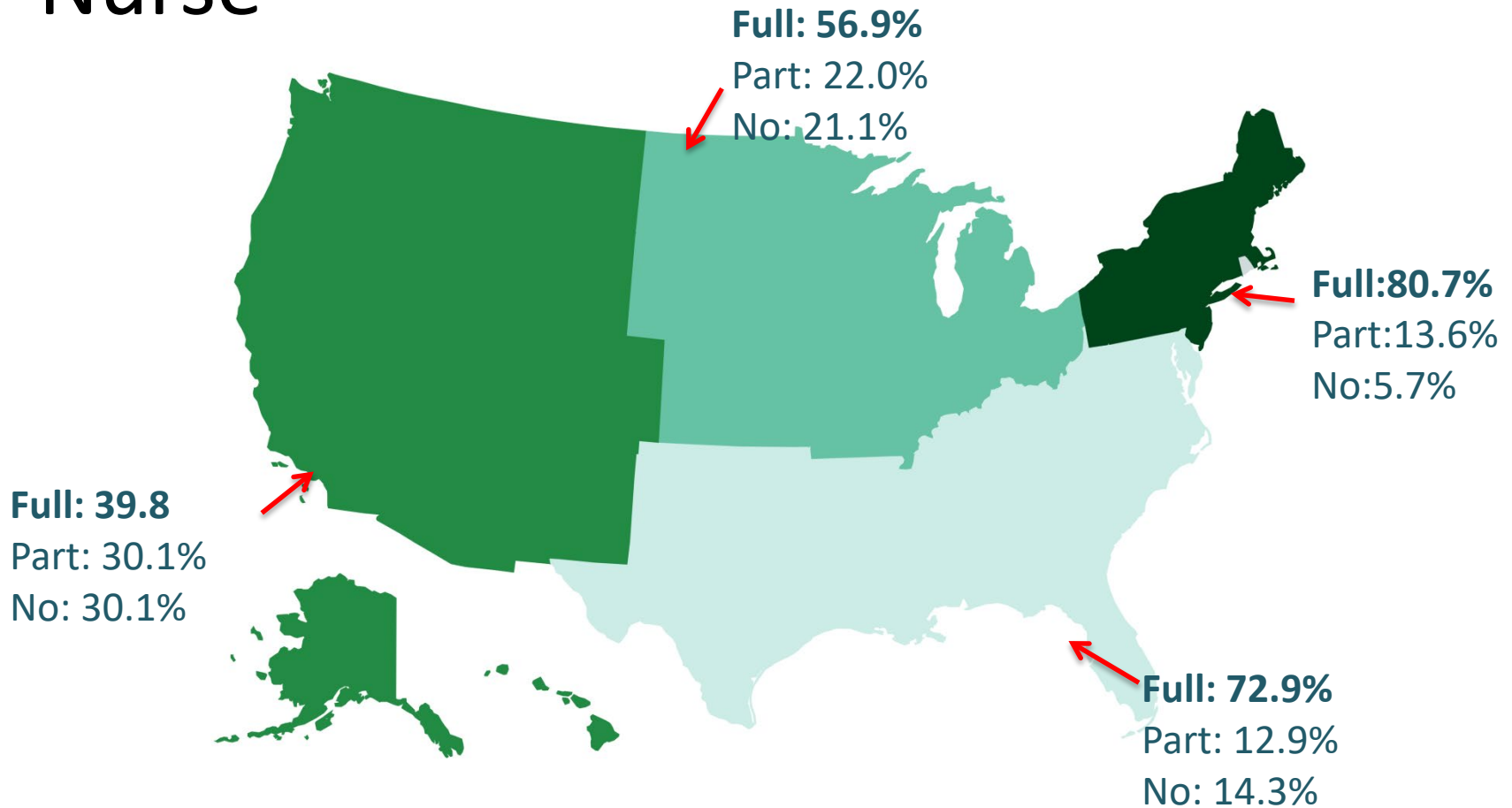
(Willgerodt, Brock, & Maughan, 2018)

School Nursing Across the U.S.



(Willgerodt, Brock, & Maughan, 2018)

Full-time, Part-time FTE; or No School Nurse



Created with mapchart.net ©

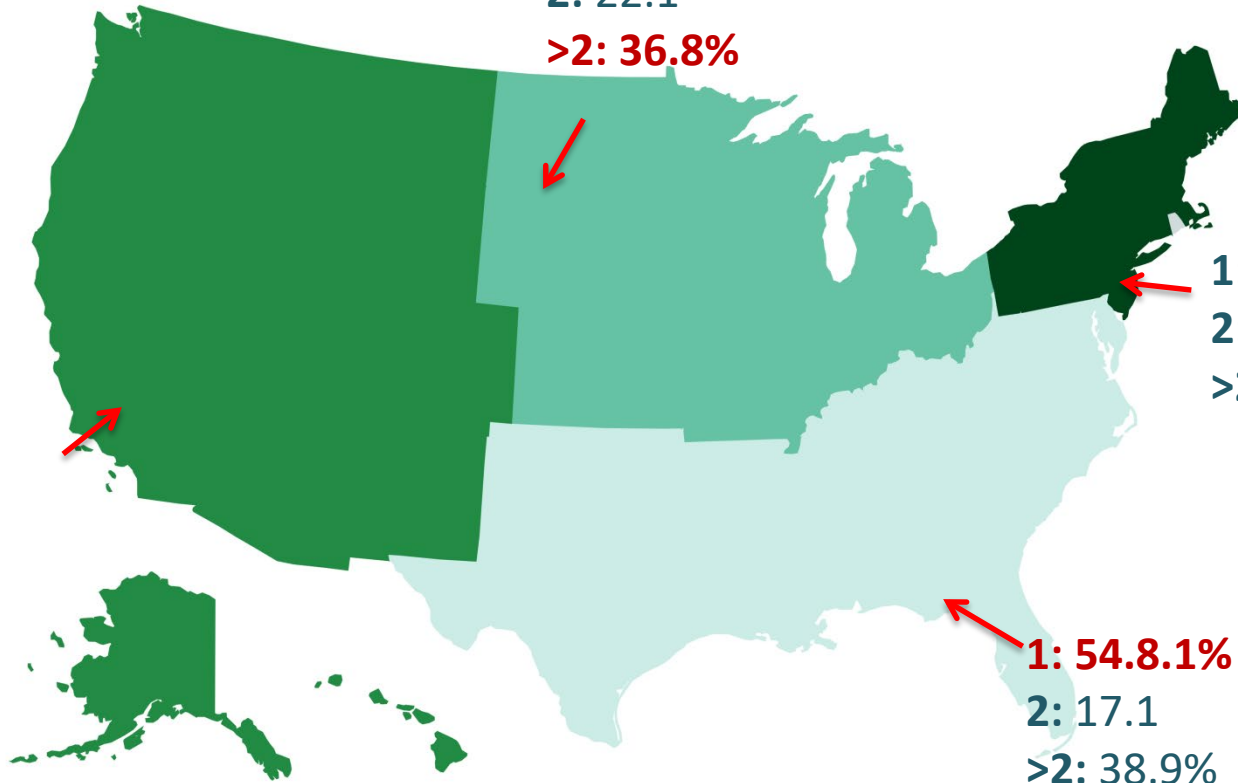
(Willgerodt, Brock, & Maughan, 2018)

Number of Schools Covered by SN

1: 32.8%

2: 22.1

>2: 36.8%



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(Willgerodt, Brock, & Maughan, 2018)

Percentage of schools providing each number of services for students with chronic health conditions

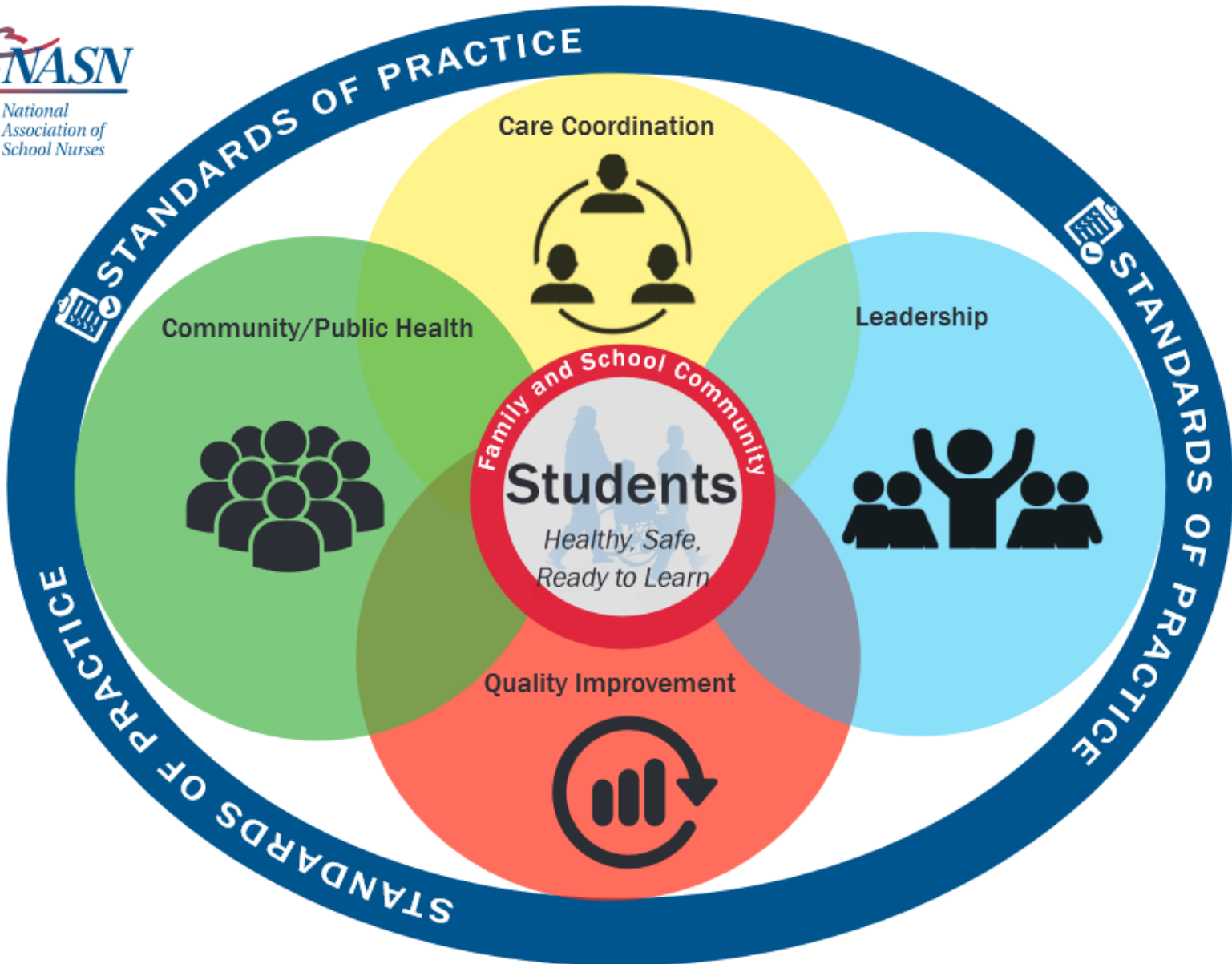
Number of Services Provided in Schools	Total %, (95% CI)
0	9.4 (6.6-13.1)
1	5.8 (3.9-8.5)
2	10.1 (7.7-13.2)
3	17.5 (13.6-22.2)
4	57.2 (51.0-63.2)

(Leroy, Tiu, & Maughan 2019)

Framework for 21st Century School Nursing Practice™



National
Association of
School Nurses



Home and Community Factors That Impact Health and Learning Per 100 U.S. Students



KEY:



(NASN, 2015a)

Individual Social Needs

- Health disparities (Pastor et al 2015; Beck et al., 2016)
- Chronic absenteeism (NASN, 2015b)
- Access to medical access
 - Dental, vision, physical
- Community resources
 - Food bank, prescriptions, transportation vouchers,



CDC Health Impact Pyramid

Factors that Affect Health



Check the Tarrant County Public Health Web site to learn more.
<http://health.tarrantcounty.com>



Population

Social Determinant of Health

- Advocates of Community Structure Changes
- School Education/Health Reform
- Access to a school nurse
 - Payment (Medicaid, Return on Investment (Wang et al, 2014))
 - Lack of laws, policies and/or standards regarding school health services (Network PHL)



**“An ounce of prevention is worth
a pound of cure”** -Benjamin Franklin



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School Discipline Reform & School-Based Restorative Justice Practices as a Strategy for Health Justice



Thalia González, Professor, Occidental College & Senior Scholar, Georgetown University Law Center

The Social Determinants of Health



SDoH are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality of life outcomes and risks. SDoH include:

- Economic stability (e.g., employment, housing stability, poverty)
- Education (e.g., early childhood education, high school graduation)
- Social and community context (e.g., social cohesion, incarceration)
- Health and health care (e.g., access to primary care, health literacy)
- Neighborhood and built environment (e.g., access to healthy foods, crime)

Health Justice Framework

“Understanding health as a matter of justice and civil rights law as a health intervention has the potential to strengthen public health advocacy.”

Harris & Pamucku (2019)



What role do schools play?

Education is a key social determinant of health



What role do schools play?

Schools can mitigate or exacerbate the effects of toxic stress and ACEs can have on youth development

Why does school discipline reform matter for health?

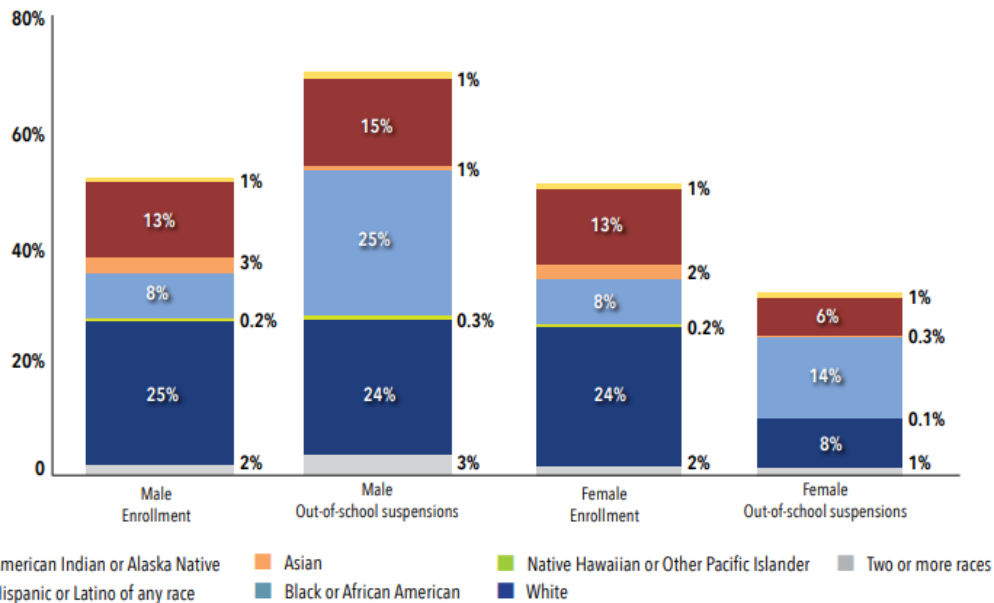


When we deprive students of access to education — attainment **and** social emotional learning, relationship development, and connectedness — it impacts their *emotional well-being* and places them at **increased** risk of *social and economic instability, chronic disease, and low life expectancy*

2015-2016 Civil Rights Data Collection: Out-of-School Suspensions

2.7 million K-12 students received at least one out-of-school suspension

FIGURE 13: Percentage distribution of students receiving one or more out-of-school suspensions, by race and sex

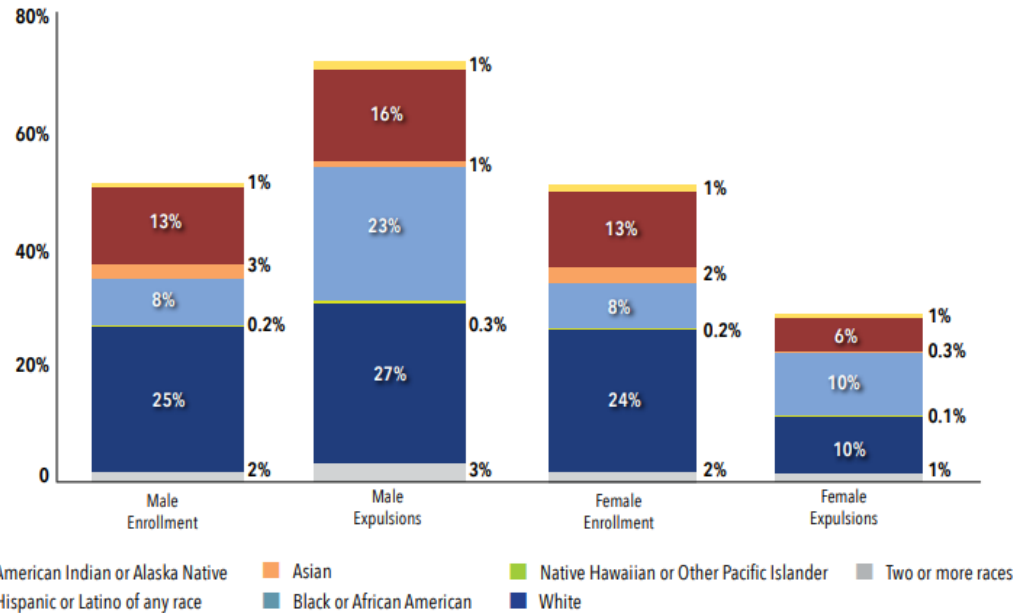


NOTE: Data may not add up to 100 percent due to rounding.
SOURCE: U.S. Department of Education, Office for Civil Rights, Civil Rights Data Collection, 2015-16.

2015-2016 Civil Rights Data Collection: Expulsions

Approximately 120,700 students experienced expulsion

FIGURE 15: Percentage distribution of students receiving expulsions, by race and sex

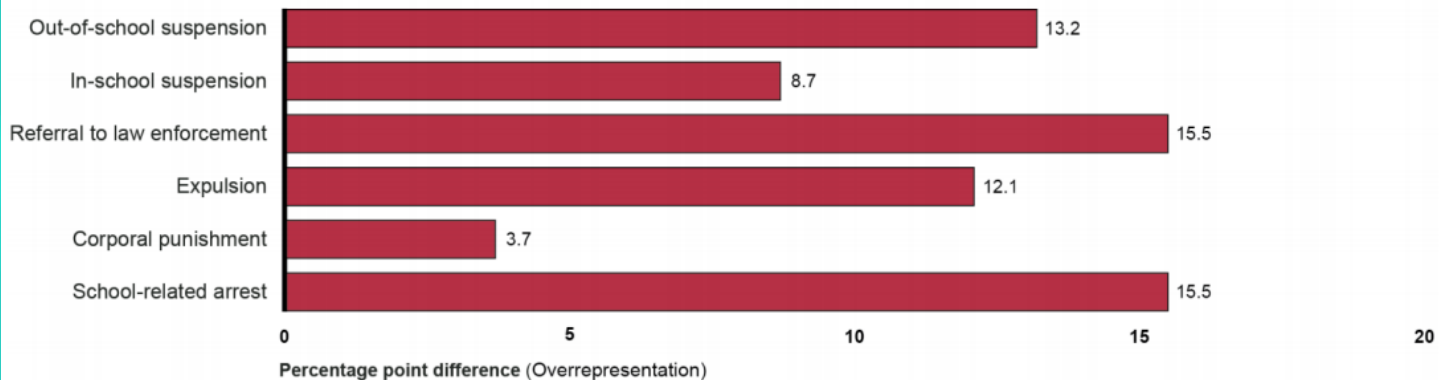


NOTE: Data may not add up to 100 percent due to rounding.
 SOURCE: U.S. Department of Education, Office for Civil Rights, Civil Rights Data Collection, 2015-16.

2018 GAO Report Analysis

Figure 5: Students with Disabilities' Overrepresentation Among Students Who Received Disciplinary Actions, School Year 2013-14

This chart shows that students with disabilities were overrepresented among students who received six types of discipline. For example, students with disabilities were overrepresented among students suspended out of school by approximately 13 percentage points, as shown in the chart, because they made up about 12% of the overall K-12 student population, but 25% of the students suspended out of school.



Source: GAO analysis of Department of Education, Civil Rights Data Collection. | GAO-18-258

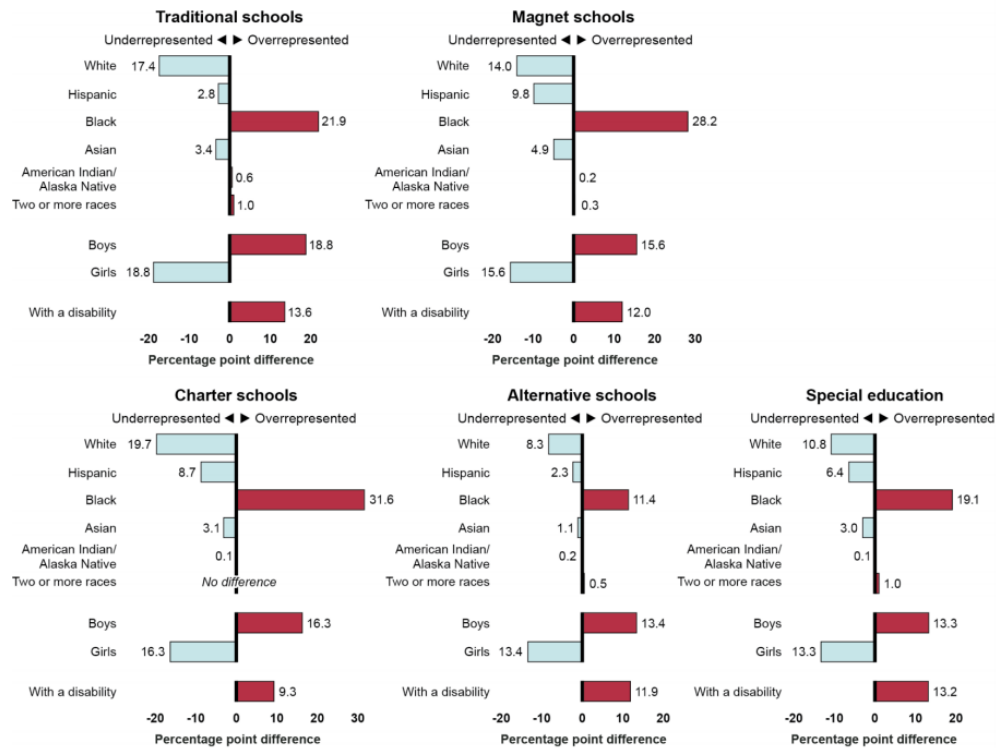
- The GAO report also revealed that students with disabilities faced disproportionately higher rates of discipline compared to their peers without disabilities
- Among students with disabilities, Black students were overrepresented in the discipline data

2018 GAO Report Analysis

- Regardless of the type of public school attended, Black students and students with disabilities were suspended at disproportionately higher rates than their peers

Figure 7: Representation of Students Suspended Out-of-School Compared to Student Population, by School Type, School Year 2013-14

This chart shows whether each group of students was underrepresented or overrepresented among students suspended out of school based on type of public school. For example, Black students were overrepresented among students suspended out of charter schools by nearly 32 percentage points, as shown in the chart, because they made up nearly 29% of all charter school students, but about 60% of the students suspended out of those schools.



Source: GAO analysis of Department of Education, Civil Rights Data Collection. | GAO-18-258

Trends in Exclusionary School Discipline Practices at the **Pre-K** Level

- A seminal 2005 study found that preschoolers were being expelled at rates more than three times higher than school-aged children (Gilliam, 2005).
- According to the Civil Rights Data Collection, Black pre-K children are 3.6 *times as likely* to receive one or more out-of-school suspensions (OSS) as white pre-K children
 - Black children represent 19% of pre-K enrollment, but 47% of pre-K children receiving one or more OSS)
- Analysis of data from the 2016 National Survey of Children's Health found that an estimated 50,000 preschoolers were suspended at least one time, and another 17,000 were estimated to have been expelled.
 - 250 preschool students being suspended or expelled on the average school day (Center for American Progress, 2017).



Exclusionary discipline is a health equity issue



Academic



Classroom



Academic

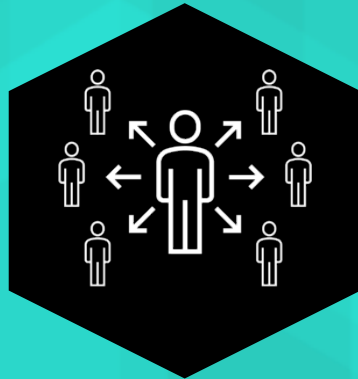


Health



Negative *academic* outcomes

- Decreased academic engagement, performance, and attendance
- Increased likelihood of dropout



Negative *classroom* outcomes

- Increased likelihood of future disciplinary actions
- Decreased feelings of safety
- Lower school connectivity



Negative *socioeconomic* outcomes

- Increased likelihood of involvement in the juvenile justice system
- Double the poverty rate for those aged 25 and older with no high school diploma

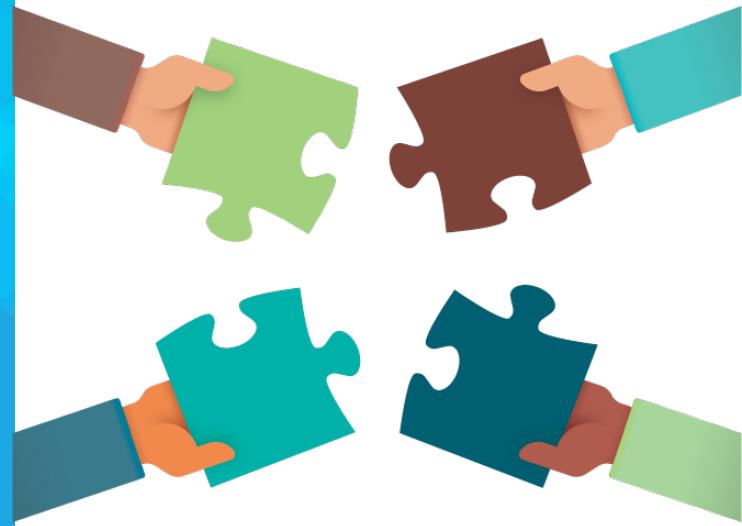


Negative *health* outcomes

- Fail to address the “root causes” of behavior
- Undermine critical protective factor — *school connectedness*

How does this all fit together?

Understanding the connections
between school discipline and
health justice.



By pushing students out and depriving them of **critical protective factors**, ESD practices exacerbate racial disparities and external stressors that threaten the health and wellbeing of developing children.

These practices undermine the traditional purpose of schools—which is to create a safe, nurturing, learning environment.



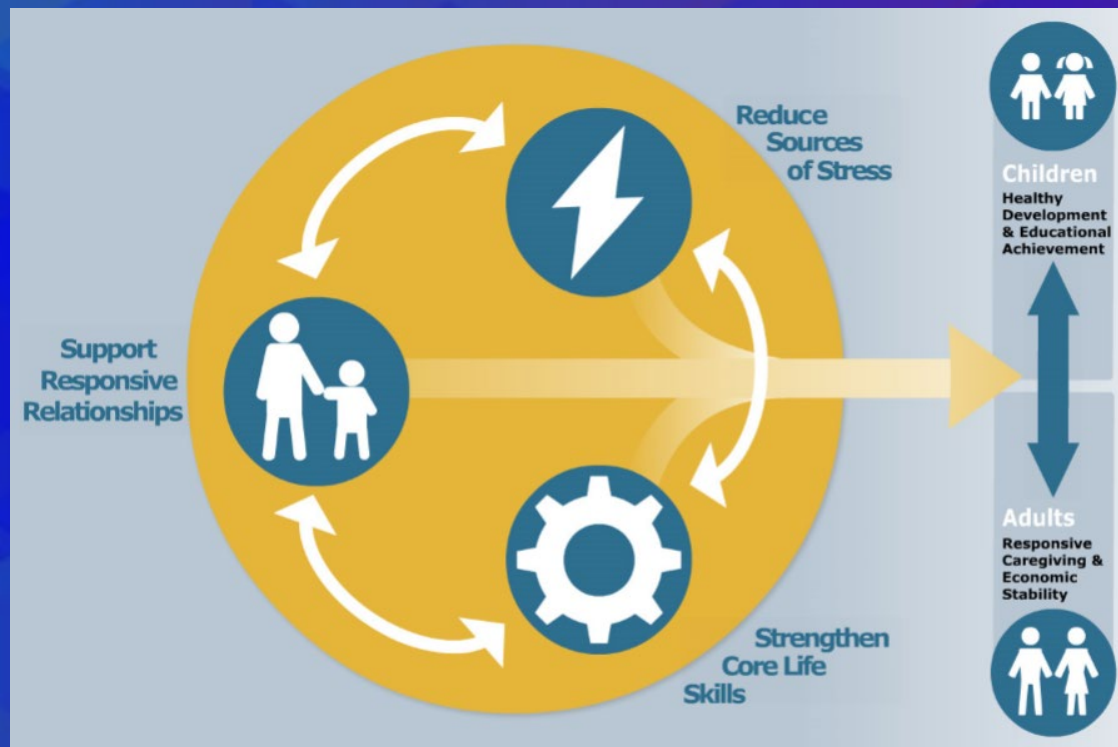
Protective Factors

- Positive academic experiences
- School connectedness, i.e, supportive relationships with adults and peers
- Social and emotional skills and capacities

School Connectedness

School connectedness is rooted in the “extent to which students feel personally accepted, respected, included, and supported by others in the school social environment.”

Three Principles to Improve Outcomes for Children and Families

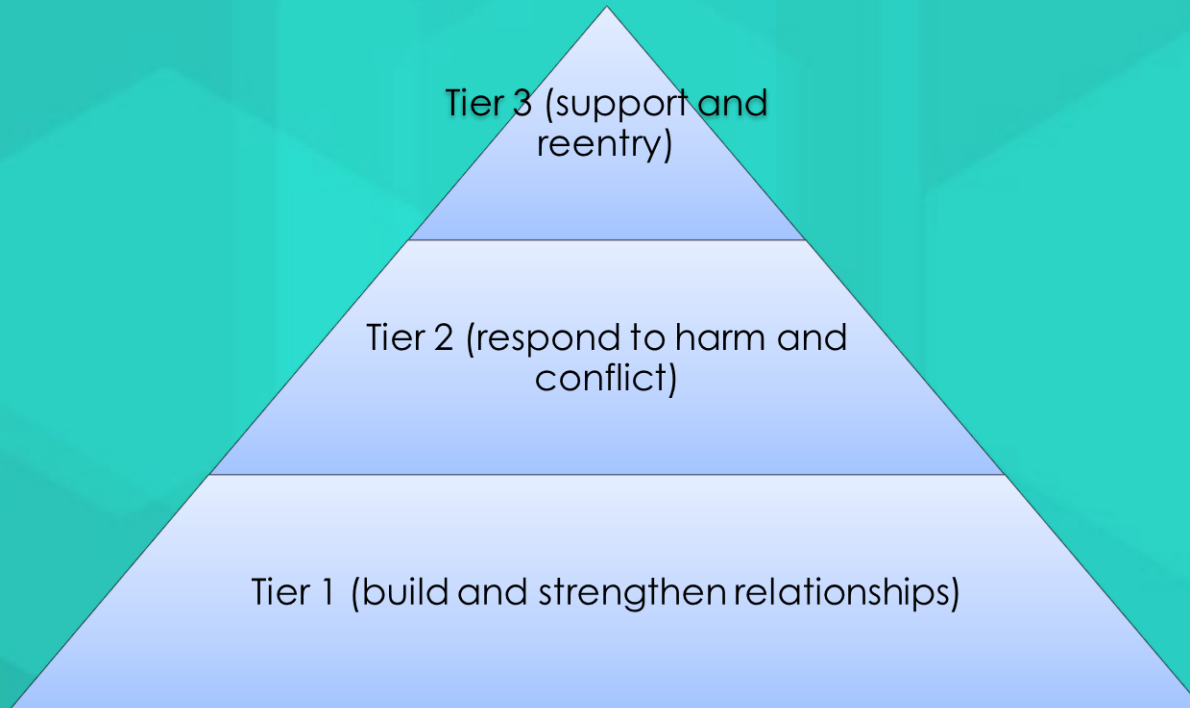


Source: Center on the Developing Child at Harvard University (2017). *Three Principles to Improve Outcomes for Children and Families*. <http://www.developingchild.harvard.edu>



Supportive alternatives that emphasize healthy development of the whole child positively reinforce each of the three design principles to cultivate healthier school environments, empower students, remove barriers to educational attainment, and equip students with the skills to thrive in and outside of the classroom

Whole-School Model of RJ

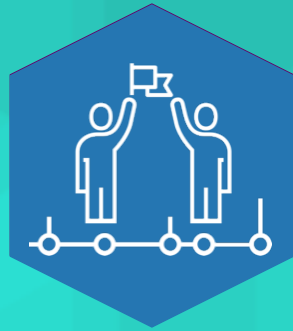




Design Principle #1: Support Responsive Relationships

Supportive relationships with peers and adults are key indicators of **school connectedness** and result in improved resilience, self-efficacy, and engagement

- Survey of 412 high school students across 29 classrooms found improved **student-teacher relationships** with RJ practices (Gregory, et al., 2014)
- K-3 teachers reported that RJ supported the “**develop[ment] of authentic relationships with their students based on mutuality**” and improved relationships with families (Armour & Todic, 2016)
- PK-5 students identified RJ as increasing student-teacher **connectedness, self-regulation, self-awareness, and improved peer interactions** (Tolefree, 2017)



Design Principle #2: Strengthen Core Life Skills

Supporting social and emotional capacities are associated with a range of positive outcomes: *decreased* behavioral and emotional issues, *improved* academic performance, *positive* staff relationships and satisfactions, and parent and family *engagement* in the schools.

Seven year case study of small urban high school, students identified **self-efficacy**, **conflict resolution skills**, and **leadership development** as outcomes of whole-school RJ practices (González, Sattler, and Buth, 2018)

Two-year ethnographic study with adolescent girls in public urban high school found that restorative circles promoted **refined** anger management, **active** listening and interpersonal sensitivity, key aspects of pro-social behavior (Schumacher, 2014)



Design Principle #3: Reduce Sources of Stress

Reducing suspension and expulsions reduce stress

- 84-percent drop in out-of-school suspensions among sixth graders in one Texas school during the first year RJ was introduced (Armour (2013)

Narrowing of the racial-discipline gap for Black non-Hispanic and Hispanic students

- In addition to incremental decreases (2011–2012 and 2012–2013) in the **suspension gap** between Black and white students, 107 by 2013, Oakland schools had decreased their discipline disproportionality across multiple racial categories, if not eliminated them altogether (Jain, 2014)



Looking Ahead

- Increased state level legislation
- Continued removal of exclusionary and punitive practices
- Developing whole school models



Keep the conversation going

Thalia González: thaliagonzalez@oxy.edu

Thank you!

State Policies to Address the Breakfast Gap

Mathew Swinburne
Associate Director
The Network for Public Health Law-Eastern Region

Background on National School Lunch and School Breakfast Programs

- ❑ Administered by the US Department of Agriculture’s Food and Nutrition Services in partnership with state and local government.
- ❑ Federal law does not mandate participation.
- ❑ USDA provides funding in the form of reimbursements for school meals that meet certain federal standards.
- ❑ Reimbursement is based on the category of meal
 - Free—below 130% of federal poverty line
 - Reduced price—130%-185% of federal poverty line
 - Full Price
- ❑ **Categorical Eligibility**—Automatically eligible for free meals if receive SNAP, TANF, FDPIR, in foster care, homeless,
- ❑ **Community Eligibility Provision**—allows schools to offer free meals to all students if at least 40% of enrolled students are categorically eligible.

Standard Reimbursement Rates		
	Lunch	Breakfast
Free	\$3.41	\$1.84
Reduced Price *	\$3.01	\$1.54
Full Price	\$0.32	\$0.31
*Student Share for Reduced Price	\$0.40	\$0.30

What is the Breakfast Gap?

School Lunch Program (FY 2018)

- ❑ **Approximately 100,000 schools**
- ❑ **29.8 million children/day**
 - 22 million were free or reduced price meals
- ❑ **4.89 billion lunches in the year**
- ❑ **74.3% were free or reduced price**
- ❑ **Federal expenditures- \$13.8 billion**

School Breakfast Program (FY 2018)

- ❑ **Approximately 90,000 schools**
- ❑ **14.7 million children/day**
 - 12.5 million free or reduced price meals
- ❑ **2.42 billion breakfasts in the year**
- ❑ **85.4% were free or reduced price**
- ❑ **Federal expenditures-\$4.4 billion**

Factors Contributing to the Breakfast Gap

Logistics

- Does the school participate in the school breakfast program?
- Getting students to school early for the traditional breakfast program



Social

- Some students skip the breakfast program because they are conscious of peer perception



Economic

- Reduced-price breakfast contribution
- Cost to the school

Impact of the Breakfast Gap

Health Impact/Food Insecurity

- Linked to childhood obesity
- Cardiovascular disease
- Asthma
- Diabetes
- Poor mental health....

Academic Impact of School Breakfasts Participation

- Higher test scores, calmer classrooms, fewer trips to the nurse, stronger attendance, higher graduation rates.
- One study suggested that increasing breakfast participation from 50% to 70% would result in:
 - 3.2 million students achieving better standards tests scores
 - 4.8 million fewer absences
 - 807,000 more students graduating high school.



Research into State Laws Addressing the School Breakfast Gap

❑ Project completed by Kasia Foster, J.D. 2020 and Kirby McMahon, J.D. 2019

- [Issue Brief](#)
- [50-State Survey](#)

❑ Identified 6 Categories of Policy Intervention

1. Require Schools to Offer Breakfast
2. Require Innovative Breakfast Models
3. Start-up/Expansion Funding
4. Universal Free Breakfast
5. Eliminate the Reduced-Price Category
6. Additional Per-Meal Reimbursements



Require Schools to Offer Breakfast

- ❑ No federal mandate to participate in the lunch or breakfast program.
- ❑ 29 states and D.C. mandate that schools offer breakfast
 - 22 jurisdictions have a threshold of need to activate requirement
 - **Based % of students eligible for free or reduced-price meals.**
 - **Range from 10% in TX to 80% in CT**
 - 16 jurisdictions offer an exemption or waiver to the requirement: financial difficulties, low participation,



Require an Innovative Breakfast Model

- ❑ **10 states require schools to provide innovative breakfast programs**
 - **Aimed at addressing the social and logistical barriers**
 - **Breakfast after the bell, breakfast in the class room, food carts in the hall way,**
- ❑ **6 states have a need threshold to activate requirement**
 - **Example: NY 70% eligible for free or reduced price lunch.**
 - **4 states have waiver/exemption provisions for economic hardship or lack of need.**



Start-up/Expansion Funding

- ❑ 11 States provide additional state funding to help cover the start-up/expansion costs of operating breakfast program.
 - Additional staff time and equipment
 - Grants or appropriations for specific schools or school districts
 - Priority granted based on need--usually defined by the % of students eligible for free or reduced-price meals.
 - **Examples: IL 40% and NV 70%**
 - **New Jersey awards priority to schools with highest percentage of students eligible for free or reduced price but also looks at schools with lowest participation in breakfast program.**



~\$2,300

Universal Free Breakfast

- ❑ **8 States and DC have implemented universal free breakfast—**
 - **All students are eligible regardless of family income**
 - **Aimed at reducing stigma and financial barriers**
 - **Threshold to activate (% eligible for free or reduced price meals)**
 - **CO 70%**
 - **FL 80%**
 - **NM 85%**

Eliminate Reduced-Price Category

- ❑ **8 states and DC have eliminated the reduced-price category/merged with the free meal category.**
 - Students who qualify for reduced price meals are given their breakfast for free
 - ME exempts high schools from requirement (grades 9-12)
 - Some states offset the revenue lost from the merger by providing additional funding to the schools
 - ME: “the difference between the federal reimbursement for a free breakfast and the federal reimbursement for a reduced-price...” (\$0.30)

Additional Reimbursement for Breakfast

- **15 States and D.C. provide additional per-meal funding to schools to off-set costs and encourage participation**
 - **Qualifying Meals**
 - Every breakfast served (DC, IL, MA)
 - Only Free and Reduced-Price Breakfasts (MN, NM, OR)
 - **Method of Funding**
 - Schools receive a per/meal reimbursement automatically from the state
 - Grant Application (CA and MO)
 - **Amount of Additional Reimbursement**
 - Most common reimbursement rate is 10 cents/breakfast (CT, IL, MA,...)
 - MN—reimbursement varies by grade level of students → highest for pre-kindergarten and kindergarten students at \$1.30/breakfast.

Thank you

Mathew Swinburne
Associate Director

The Network for Public Health Law-Eastern Region

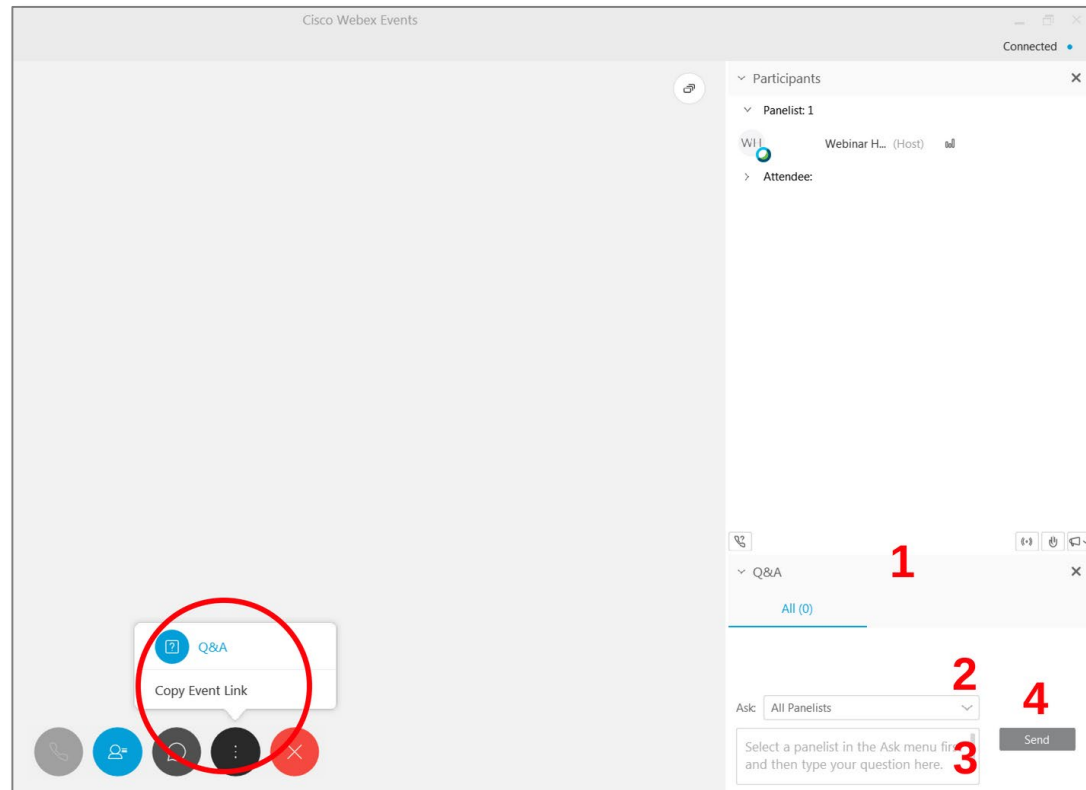
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